

Trans
9-5-07

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/574720 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	6					
9	8					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	/					
18	/					
19	/					
20	2					
21	8					
22	0					
23	/					
24	/					
25	/					
26	/					
27	/					
28	6					
29	0					
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TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	34	←		←	←	
TOTAL CLAIMS	37					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						